Department of Health & Welfare		Vor	rsion Date: 5/06
Bureau of Facility Standards		ver	Page 1 of 3
Residential Care or Assisted Living Checklist			1 age 1 01 3
Residential Cure of Assisted Living Checkinst	Checklis	st #7	
Functional Area: Medications		Compliance	
runctional Area: Medications		her Action N	Needed
Objective: The facility manages medications in a ma	nner that meets the needs and	assures the	safety of
residents.	mer that meets the needs and	assures the	saicty of
Specific Criteria		Yes	No
Policy and Procedure: IDAPA 16.03.22.157			
1. Does the facility have written policies and proc	redures for medications? {IDAPA 16.03.22.157.01}		
2. Do the facility's medication policies and proced	dures detail the		
following:			
a. How residents will receive medications	?		
b. How medications will be stored?			
c. What system you will use to distribute i	medications?		
d. How staff are to respond if:			
i. A resident refuses a medicatio	· ·		
ii. A resident misses a medication			
iii. A resident medication is not a	vailable?		
iv. Medications are missing?	1: 4: 9		
v. A resident receives an incorrec			
e. How you will determine if a resident ca medications?	in take their own		
	nd including:		
f. How unused medications will be handlei. Destruction of medications?	ea, including.		
ii. Return of medications to the pharma	acy?		
g. How you will meet the documentation in			
whether medications were:	requirements, including		
i. Taken?			
ii. Refused?			
iii. Missed?			
iv. Not available?			
h. How you will meet the documentation i	requirements for		
residents who are self-medicating?	{IDAPA 16.03.22.157. a-g}		
Requirements: IDAPA 16.03.22.310			
1. Do facility staff assist with medications from b	lister packs or medisets?		
(If the resident gets medications from the Veter	ran's Administration or		
the Railroad, you may assist with his medication	ons from pill bottles that		
,	{IDAPA 16.03.22.310.01}		
2. Is the medication system (blister packs or medi	=		
pharmacist or licensed nurse and labeled accord			
standards and physician or authorized provider	instructions?		
2 Are all medications bent in a located how are are	{IDAPA 16.03.22.310.01}		
3. Are all medications kept in a locked box or are locked room?			
4. Are poisons, toxic chemicals, and cleaning age	{IDAPA 16.03.22.310.01}		
locked areas apart from medications?	{IDAPA 16.03.22.310.01}		
rocked areas apart from medications:	[10.017-77:00 ע זעמון		

Specific Criteria	Yes	No
5. Are biologicals and other medications requiring cold storage (such as		
insulin, vitamin B-12 injections, suppositories, liquid antibiotics, etc.)		
kept in a refrigerator?		
(A locked, covered container in a home refrigerator is satisfactory		
storage.) {IDAPA 16.03.22.310.01}		
6. Does assistance with medication comply with the Board of Nursing		
requirements? {IDAPA 16.03.22.310.01}		
7. Is each medication given to the resident directly from the medi-set,		
blister pack or medication container? {IDAPA 16.03.22.310.01}		
8. Is each resident observed taking the medication? {IDAPA 16.03.22.310.01}		
9. Does the facility make sure unused medications don't accumulate for		
more than 30 days and are disposed of in a manner that assures they		
cannot be retrieved?		
(You can enter into agreement with a pharmacy to return unused,		
unopened medications to the pharmacy for proper disposition and		
credit.) {IDAPA 16.03.22.310.02} 10. Does the facility have a written record of each time you disposed of		
medications which includes the following information:		
a. A description of the drug, including the amount?		
b. The name of the resident, if it is a prescription medication?		
c. The reason for disposal?		
d. The method of disposal?		
e. The date of disposal?		
f. Signatures of the responsible facility staff member and a		
witness?		
{IDAPA 16.03.22.310.02} and {IDAPA 16.03.22.735.03}		
11. Does the facility track all controlled medications entering the facility		
and maintain an inventory of them? {IDAPA 16.03.22.310.03}		
12. Does the facility attempt non-drug interventions to assist or redirect		
resident behaviors before requesting or giving psychotropic or behavior		
modifying medications? {IDAPA 16.03.22.310.04}		
13. Are psychotropic or behavior modifying medications prescribed by a		
physician or authorized provider? {IDAPA 16.03.22.310.04}		
14. Does the facility monitor the resident to determine continued need for		
the psychotropic medication based on the resident's demonstrated		
behaviors? {IDAPA 16.03.22.310.04}		
15. Does the facility monitor the resident for any side effects from the		
psychotropic medications that could impact the resident's health and		
safety? {IDAPA 16.03.22.310.04}		
16. Is the use of psychotropic or behavior modifying medications reviewed		
by the physician or authorized provider at least every 6 months? {IDAPA 16.03.22.310.04}		
17. Does the facility provide behavior updates to the physician or		
authorized provider to help facilitate an informed decision on the		
continuing use of the psychotropic or behavior modifying medication?		
{IDAPA 16.03.22.310.04}		

	Specific Criteria	Yes	No
Recor	d Keeping or Documentation: IDAPA 16.03.22.711		
	Does the facility have a current lists of medications, diets, and		
	treatments prescribed for residents that are signed and dated by the		
	physician or authorized provider? {IDAPA 16.03.22.711.09}		
2.	Does the facility have documentation, signed and dated by the		
	physician or authorized provider, of the 6 month review, for possible		
	dose reduction, of residents' psychotropic or behavioral modifying		
	medications? {IDAPA 16.03.22.711.10}		
3.	Does the facility have documentation of medications refused by		
	residents, not given to residents or not taken by residents with the		
	reason for the omission? {IDAPA 16.03.22.711.11}		
4.	Does the facility have documentation of all PRN medications taken,		
	with the reason for taking the medication? {IDAPA 16.03.22.711.12}		
Recor	d Keeping or Documentation: IDAPA 16.03.22.735		
1.	Does the administrator assure there is daily monitoring and		
	documentation of the temperature of refrigerators in which biologicals		
	are stored to be sure they are between 38 and 45 degrees F., and do you		
	maintain these records for at least 12 months? {IDAPA		
	16.03.22.310.01} and {IDAPA 16.03.22.735.01}		
2.	If medications are returned to the pharmacy, is there a copy of the		
	written agreement with the pharmacy to return unused, unopened		
	medications to the pharmacy? {IDAPA 16.03.22.735.02}		
3.	Does the administrator assure there is documentation of the medication		
	disposal? (Refer to #10 above in Requirements, for specifics.)		
1	[IDAPA 16.03.22.735.03]		
4.	Does the administrator assure the facility has a written record that keeps track of all controlled substances that enter the facility?		
	{IDAPA 16.03.22.735.04}		

The check lists can be used as a quality improvement tool and are offered as a helpful guide.

They do not take the place of the rule requirements.

It is highly recommended that the check lists be used in conjunction with the rules themselves.